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TO: Honorable Members of the Connecticut General Assembly
FROM: Jim Dahl, MPH, LNHA, Administrator
SUBJECT: Opposition to SB 989 Staffing Proposal

My name is Jim Dahl and I am the Administrator at Bayview Health Care in Waterford, CT. Respectfully, I oppose SB 989. We are a 127-bed skilled care provider with over 200 employees who work tirelessly every day to deliver the best care for our residents. With over 20+ years of nursing home, post-acute care and retirement community service, I can vouch for the care and dedication of employees who have chosen to work in this field. I chose this field for the same reasons and we persevere because we want our residents to receive the best possible care. On the surface, this would make the proposal to increase staffing seem to be a great idea.

The reality is very different. Every day our facility struggles to fill open direct care shifts (CNA's and licensed staff). At our daily morning report, and on a consistent basis, we are looking to fill 3-5 CNA positions (each 8-hour shifts) for our day shift, 1-2 evening shifts and 3-4 night shifts. Licensed staff openings, while much, can be a source of concern.

Our scheduler and nursing administration spend a good portion of the day filling these positions with agency, part-time and/or per diem staff and thankfully we are able to ensure good and safe coverage for our resident needs.

While increasing minimum staffing levels may make sense in the enhancement of service delivery, this cannot work without addressing the root causes of a very real staffing crisis. Some examples:

Bayview, like many centers, is attempting to increase salaries and wages to attract new staff. Hospital systems have more financial resources to offer attractive wages and nursing homes cannot compete.

At any given time, we may need to fill 15% to 20% of open shifts with agency staff. The cost to the center can be 2-3 times the cost of a regularly employed individual. Agency staff are not the solution to quality care as they may not know the residents as well and their buy-in and commitment is often significantly less.

Recently we estimated the need for 10-12 full time CNA position needs. With significant time and effort by our Assistant Director of Nursing we have reduced that need by 50% but the time spent on recruitment could be better used monitoring care and providing training and mentoring to staff.

New grads require a significant amount of training. During COVID, these individuals did not receive essential hands on clinical experience and therefore the all-important assessment and customer service skills are missing and need to be taught. This adds to the cost as these individuals need and deserve training.

Many healthcare professionals have left the business, burned out by long work weeks, ever-increasing regulatory demands, retirement and the shrinking labor pool. The care needs of those residents being served by nursing homes continue to increase in complexity and the associated training needs often are in conflict with the need to simply be present and available to serve residents.

Increasing staffing requirements would help to address the acuity and complexity of care but any such proposal requires commensurate increase in funding. Nursing home operators already struggle to remain competitive in the labor market. Nursing home physical plants for the most part need upgrades to infrastructure. In the past two weeks alone, I have submitted for approval, repairs and replacement of equipment at over \$75,000. Many homes already have a census mix of Medicaid recipients at or above 80% and this reimbursement does not cover operating costs. We have an aging population and we kick the can down the road on how best to care for and fund the needs of this vulnerable and important population. As this proposal does not address the funding mechanism, we cannot impose regulations without addressing how we will pay for this, and how we can redirect our staffing model to be made up of individuals hired by the center who are dedicated to the mission and goals of Bayview. PLEASE DO NOT APPROVE THIS PROPOSAL until the fundamental issues are addressed.

Respectfully submitted,
James Dahl, MPH, LNHA